## UNI STATES PATENT & TRADEMAD OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                          |                           |                                  |             |                 |          |
|--|---------------------------|----------------------------------|-------------|-----------------|----------|
| 1 Date of Request: 12-9-96 2 Serial/Patent # 68/726024 |                           |                                  |             |                 |          |
| 3 Please refund the following fee(s):                  |                           | 4 PAI<br>NUM                     | PER<br>MBER | 5 DATE<br>FILED | 6 AMOUNT |
|  | Filing                    |                                  |             |                 | \$ 160 - |
|  | Amendment                 |                                  |             |                 | \$       |
| Extension of Time                                      |                           |                                  |             |                 | \$       |
|  | Notice of Appeal/Appeal   |                                  |             |                 | \$       |
| Petition   |                           |                                  |             |                 | \$       |
| Issue  |                           |                                  | -           |                 | \$       |
| Cert of Correction/Terminal Disc.                      |                           |                                  |             |                 | \$       |
|  | Maintenance               |                                  |             |                 | \$       |
|  | Assignment                |                                  |             |                 | \$       |
|  | Other                     |                                  |             |                 | \$       |
|  |                           | 7 TOTAL AMOUNT<br>OF REFUND \$ / |             |                 | \$ 150-  |
|  |                           | 8 TO BE REFUNDED BY:             |             |                 |          |
| 10 REASON:   |                           | Treasury Check                   |             |                 |          |
| V  | Overpayment               | Credit Deposit A/C #:            |             |                 |          |
|  | Duplicate Payment         |                                  |             |                 |          |
|  | No Fee Due (Explanation): |                                  |             |                 |          |
|  |                           |                                  |             |                 |          |
|  |                           |                                  |             |                 |          |
|  |                           |                                  |             |                 |          |
| 11 REFUND REQUESTED BY:                                |                           |                                  |             |                 |          |
| TYPED/PRINTED NAME: E.R. WILLIAMS TITLE: LINES         |                           |                                  |             |                 |          |
| SIGNATURE: E. R. Willeam PHONE:                        |                           |                                  |             |                 |          |
| OFFICE:  |                           |                                  |             |                 |          |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:              |                           |                                  |             |                 |          |
| APPROVED: Thereso, Williams DATE: December 12, 1996    |                           |                                  |             |                 |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B